

Hoover		MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH				49 = 62-019208	
DO NOT WRITE ON THIS SUB		AMENDED		STATE FILE NUMBER			
VS 300 Rev. 4/59		DATE AMENDED		Registration District No. 150 Primary Registration District No. 4339 Registrar's No. 4339			
17004		DATE AMENDED		FILED MAY 31 1962			
27604		DATE AMENDED		1. PLACE OF DEATH			
3		DATE AMENDED		a. COUNTY Jackson			
4 6		DATE AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b			
5 1		DATE AMENDED		c. CITY OR TOWN Lee's Summit 5 yrs.			
6		DATE AMENDED		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits			
7 1		DATE AMENDED		d. STREET ADDRESS (If outside, give location) Reside on Farm			
8 2		DATE AMENDED		212 North East Ridge Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
9/93.0		DATE AMENDED		2. NAME OF DECEASED First Middle Last			
10		DATE AMENDED		3. DATE OF DEATH Month Day Year			
11		DATE AMENDED		Levin Irving Hoover May 19, 1962			
12 90-0		DATE AMENDED		5. SEX 6. COLOR OR RACE 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> 8. DATE OF BIRTH 9. AGE (last birthday)			
13 2-0		DATE AMENDED		Male White Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Oct. 17, 1895 66			
		DATE AMENDED		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY			
		DATE AMENDED		Plumber Plumbing Rittman, Ohio USA			
		DATE AMENDED		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE			
		DATE AMENDED		Cinna Wilkes Hoover Malinda Ann Mougey Deloris Hoover			
		DATE AMENDED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
		DATE AMENDED		No. Mrs. Deloris Hoover, Lee's Summit, Mo			
		DATE AMENDED		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and Transition			
		DATE AMENDED		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Brain			
		DATE AMENDED		DUE TO (c) 8 months			
		DATE AMENDED		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
		DATE AMENDED		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
		DATE AMENDED		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
		DATE AMENDED		20c. TIME OF INJURY Hour a.m. Month, Day, Year			
		DATE AMENDED		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE			
		DATE AMENDED		21. I attended the deceased from 4 April 1960, to 19 May 1962 and last saw him alive on 19 May 1962. Death occurred at 10:05 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
		DATE AMENDED		22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED			
		DATE AMENDED		M.D. Duane M.D. Lee's Summit, Mo 5/19/62			
		DATE AMENDED		23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)			
		DATE AMENDED		Burial May 21, 1962 Lee's Summit Cemetery Lee's Summit, Mo.			
		DATE AMENDED		24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			
		DATE AMENDED		Langsford Funeral Home, Lee's Summit 5-21-1962 M.B. Langsford			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

DO NOT WRITE ON THIS SUB

AMENDED

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. CITY OR TOWN

Lee's Summit

5 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

d. STREET ADDRESS (If outside, give location)

Reside on Farm

212 North East Ridge

Yes ☒ No ☐

2. NAME OF DECEASED

First Middle Last

Levin Irving Hoover

3. DATE OF DEATH

Month Day Year

May 19, 1962

5. SEX

6. COLOR OR RACE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

Oct. 17, 1895 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Plumber Plumbing Rittman, Ohio USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Cinna Wilkes Hoover Malinda Ann Mougey Deloris Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address

No. Mrs. Deloris Hoover, Lee's Summit, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Dehydration and Transition Carcinoma of Brain 8 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4 April 1960, to 19 May 1962 and last saw him alive on 19 May 1962. Death occurred at 10:05 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

M.D. Duane M.D. Lee's Summit, Mo 5/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Burial May 21, 1962 Lee's Summit Cemetery Lee's Summit, Mo.

24. FUNERAL DIRECTOR ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Langsford Funeral Home, Lee's Summit 5-21-1962 M.B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. B. Langford

Licensed Embalmer No. 4962

P. O. Address Leis Summit, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.